



King County 2008 Live Well Challenge

Team Captain Registration Form

Team Name:

Your name (first, last):

Supervisor's name (first, last):

Supervisor's e-mail address:

Supervisor's phone number:

- ☐ I have contacted my supervisor and received approval to be a Live Well Challenge Team Captain
- ☐ I have read and agree to the responsibilities of the Team Captain and the rules of the Live Well Challenge

Your e-mail address:

Phone number:

Department:

Division:

Section/Workgroup

Mail-stop:

Work street address:

Work city:

Work zip:

(Disclaimer: Your name and contact information will be provided to your team captain)

Gender: Male Female

Age:

- ☐ Younger than 20
- ☐ 20-30
- ☐ 31-40
- ☐ 41-50
- ☐ 51-60
- ☐ 61 and over

Years with the county:

- ☐ 2 or less
- ☐ 3-5
- ☐ 6-10
- ☐ 11-15
- ☐ 16-20
- ☐ 21-25
- ☐ 26 or more

How many times have you participated in the Live Well Challenge in the past?

- ☐ 0
- ☐ 1
- ☐ 2

How did you hear of the Live Well Challenge Program (check all that apply)?

- | | |
|----------------------------------|---|
| <input type="radio"/> Posters | <input type="radio"/> Global e-mail |
| <input type="radio"/> Newsletter | <input type="radio"/> Event information table |
| <input type="radio"/> Brochures | <input type="radio"/> Co-worker |
| <input type="radio"/> Web | <input type="radio"/> Other |
| <input type="radio"/> Flyers | |

What is your Live Well Challenge Goal? _____

*Enter number between 96 and 189 from your [worksheet](#) * (.pdf)*

What is your Live Well Challenge focus area?

- ☐ Eat Smart
- ☐ Move More
- ☐ Quit Tobacco

Select the statement that best describes your current level of physical activity and your interest in physical activity:

- I don't engage in the recommended 30 minutes of physical activity on most days of the week now, and I have no plans to start
- I don't engage in the recommended 30 minutes of physical activity on most days of the week now, but I've been thinking about starting
- I have been engaging in the recommended 30 minutes of physical activity but not on most days of the week.
- I have been engaging in the recommended 30 minutes of physical activity most days of the week but for less than six months.
- I have been engaging in the recommended 30 minutes of physical activity most days of the week for six months or longer

Select the statement that best describes your current level of fruit, vegetable and whole grain consumption and your interest in eating fruit, vegetables and whole grains:

- I don't eat fruits, vegetables or whole grains now and I have no plans to start
- I don't eat fruits, vegetables or whole grains now, but I've been thinking about starting
- I have been eating fruits, vegetables and whole grains daily, although fewer than the recommended 3 ½ to 6 ½ cups of fruits and vegetables a day
- I have been eating the recommended number of fruits, vegetables and whole grains daily, but for less than six months.
- I have been eating the recommended 3 ½ to 6 ½ cups of fruits and vegetables and eating whole grains daily, for six months or longer

Select the statement that best describes your current level of stress management:

- I don't engage in stress management techniques on most days of the week now and I have no plans to start
- I don't engage in stress management techniques on most days of the week but I have been thinking about starting
- I have been engaging in stress management techniques but not on most days of the week
- I have been engaging in stress management techniques most days of the week but for less than six months
- I have been engaging in stress management techniques most days of the week for six months or longer

Select the statement that best describes your current level of tobacco cessation.

- I currently use tobacco and do not intend to quit in the next 6 months
- I currently use tobacco but am thinking of quitting in the next 6 months
- I currently use tobacco but intend to quit within the next 30 days
- I have quit using tobacco within the last 6 months
- I have not used tobacco for more than 6 months
- I have never used tobacco

Please send this form to the Live Well Challenge by the registration close date of **July 11th, 2008.**

Fax: (206) 263- 6694 attn: Sara Burton

Interoffice mail: YES-ES-0500 attn: Sara Burton

Postal mail: Sara Burton

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Email: livewellchallenge@kingcounty.gov